								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	NTITY	OB		R THAN ENTITY	
Ŧ	OTAL CLAIMS		26/					RATE	T FEE	7		<del></del>	
FOR			2/	5 5 4 5 6	NUMBER EVIDA		ŀ		+	1	RATE	FEE	
TOTAL CHARGEABLE CLAIMS			NUMBER		NUMI	NUMBER EXTRA		BASIC FE	₹ 385.00	OR	BASIC FEE	770.00	
INDEPENDENT CLAIMS			minus 20= */			) .		XS 9=		OR	XS18=	191	
MULTIPLE DEPENDENT CLAIM PR							-	X43=		OR	X86=	·	
								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL		OR	TOTAL	968	
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	. 31	Minus	- 31		= /	ſ	X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	· 3	Minus	<del>-</del> 3		= /	T	X43=		OR	X86=		
<u> </u>	PIRST PRESE	NTATION OF MI	JETIPLE DE	PENDENT	CLAIM		T	+145=		OR	+290=		
							L	TOTAL DDIT. FEE			TOTAL		
	(Column 1) (Column 2) (Column 3)								<u> </u>	,	ADDIT. FEE!	•	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••	•	e ··		X\$ 9=		OR	X\$18=		
AME	Independent	e NTATION OF MI	Minus .	DENIDENT.	01.410.4	-	Γ	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
							AE	TOTAL DIT. FEE	·	OR A	TOTAL ODIT, FEE		
	•				•••	,	•						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent		Minus	***		5		X43=		.	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	MIAJC					OR		——	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
	"If the entry in column 1 is less than the entry in column 2, write "of in column 3.  "If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 20, enter "20." ADDIT. FEE  "The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 10/03)

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